

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address JAMIE LYNN GALLIAN 16222 MONTEREY LN. SPACE 376 HUNTINGTON BEACH, CA 92649 (714) 321-3449 JAMIEGALLIAN@GMAILCOM	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input type="checkbox"/> Attorney for Debtor(s)	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION	
In re: JAMIE LYNN GALLIAN	CASE NO.: 8:24-bk-12267-SC CHAPTER: 13
	DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]
Debtor(s).	[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (*Check only ONE box below*):

- ☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (*If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.*)
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 09/09/2024 JAMIE LYNN GALLIAN
Printed name of Debtor 1


Signature of Debtor 1

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

TRANSPORTATION CHARTER SERVICES INC
 1931 N BATAVIA ST
 ORANGE CA 92865

Period Beginning: 08/09/2024
 Period Ending: 08/23/2024
 Pay Date: 08/30/2024

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

JAMIE LYNN GALLIAN
16222 MONTEREY LANE
UNIT 376
HUNTINGTON BEACH CA 92649

Social Security Number: XXX-XX-3936

Earnings	rate	hours	this period	year to date
Coach	22.0000	34.25	753.50	753.50
Gratuity			132.50	132.50
Training	22.0000	34.00	680.00	2,810.00
Gross Pay			\$1,566.00	3,696.00

Other Benefits and Information	this period	total to date
Totl Hrs Worked	68.25	

Important Notes

YOUR COMPANY PHONE NUMBER IS 714-637-4300

Deductions	Statutory		
	Federal Income Tax	-105.26	142.60
	Social Security Tax	-97.09	229.15
	Medicare Tax	-22.70	53.59
	CA State Income Tax	-31.67	41.12
	CA SDI Tax	-17.23	40.66
	Net Pay	\$1,292.05	
	Checking 1	-969.04	
	Checking 2	-323.01	
	Net Check	\$0.00	

BASIS OF PAY: HOURLY

Additional Tax Withholding Information

Taxable Marital Status:
 CA: Single
 Exemptions/Allowances:
 CA: 0

Your federal taxable wages this period are
 \$1,566.00
 Your CA taxable wages this period are
 \$1,566.00

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TRANSPORTATION CHARTER SERVICES INC
 1931 N BATAVIA ST
 ORANGE CA 92865

Advice number: 00000354021
Pay date: 08/30/2024

Deposited to the account of	account number	transit	ABA	amount
JAMIE LYNN GALLIAN	xxxxxxxxxx6018	xxxx	xxxx	\$969.04
	xxxxxxxxxx6012	xxxx	xxxx	\$323.01

THIS IS NOT A CHECK

NON-NEGOTIABLE